Employee Self Declaration form: [COIVD – 19]

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Department/worksite: | Location of isolation: |
| Job title: | | Nationality: |  |
| Address: | | | |
| Contact number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M) |
| Symptoms [observed in all last 14 days]: {Please Tick}   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Fever |  | Dry Cough |  | Body Aches |  | Headaches | |  | Sore throat |  | Runny Nose |  | Tiredness |  | Shortness of Breath | |  | Others |  | Details: | | | | | | | | |
| Date & time of fever onset: |  | | |
| Date & time of isolation: |  | | |
| Travel history over the last 14 days |  | | |
| Place visited: |  | | |
| Mode of Transport:  [Bus / Train / flight / Car/ others] |  | | |

I hereby confirm & certify above information provided are per best of my knowledge.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Recoding Person:

|  |  |  |
| --- | --- | --- |
| Name: | Job title: |  |
| Address: | | |
| Contact number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M) |

Recorder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Information captured is used for contact tracing if required